

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 OCT 17 AM 8:59
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ARKANSAS RED STATE ASSOCIATION

ADDRESS (number and street)

145 EAST BUNIFF DRIVE



Check if different
than previously
reported. (ACC)

OWITMAN

AR

72131-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00574459

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Roberts

Signature of Treasurer

Paul Roberts

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Arkansas Red State Association

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
09 / 30 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand

January 1,

MM / DD / YYYY
2016

MM / DD / YYYY

(b) Cash on Hand at

Beginning of Reporting Period.....

MM / DD / YYYY
17037.23

(c) Total Receipts (from Line 19).....

MM / DD / YYYY
1600.00

(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines

6(a) and 6(c) for Column B).....

MM / DD / YYYY
18637.23

7. Total Disbursements (from Line 31).....

MM / DD / YYYY
5100.00

8. Cash on Hand at Close of

Reporting Period

(subtract Line 7 from Line 6(d)).....

MM / DD / YYYY
13537.23

9. Debts and Obligations Owed **TO**

the Committee (Itemize all on

Schedule C and/or Schedule D).....

MM / DD / YYYY
00

10. Debts and Obligations Owed **BY**

the Committee (Itemize all on

Schedule C and/or Schedule D).....

MM / DD / YYYY
00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2016-10-17 04:00:07.905

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Arkansas Red State Association

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2016

To:

MM / DD / YYYY
09 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

1,600.00

- (ii) Unitemized.....

00

- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,600.00

- (b) Political Party Committees.....

00

- (c) Other Political Committees (such as PACs).....

00

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,600.00

12. Transfers From Affiliated/Other Party Committees.....

00

13. All Loans Received.....

00

14. Loan Repayments Received.....

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

00

- (b) Levin Funds (from Schedule H5).....

00

- (c) Total Transfers (add 18(a) and 18(b))..

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,600.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

00

20161017 09:00:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal
Activity (from Schedule H4)
(i) Federal Share

00

- (ii) Non-Federal Share

00

- (b) Other Federal Operating
Expenditures

00

- (c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

00

22. Transfers to Affiliated/Other Party
Committees

00

23. Contributions to
Federal Candidates/Committees
and Other Political Committees

00

24. Independent Expenditures
(use Schedule E)

00

25. Coordinated Party Expenditures
(52 U.S.C. § 30116(d))
(use Schedule F)

00

26. Loan Repayments Made

00

27. Loans Made

00

28. Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

00

- (b) Political Party Committees

00

- (c) Other Political Committees
(such as PACs)

00

- (d) Total Contribution Refunds
(add Lines 28(a), (b), and (c))

00

29. Other Disbursements (Including
Non-Federal Donations)

00

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity
(from Schedule H6)

- (i) Federal Share

00

- (ii) "Levin" Share

00

- (b) Federal Election Activity Paid
Entirely With Federal Funds

00

- (c) Total Federal Election Activity (add
Lines 30(a)(i), 30(a)(ii) and 30(b))

00

31. Total Disbursements (add Lines 21(c), 22,
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

00

32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii)
from Line 31)

00

2016-17-04-00107607

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1600.00	
34. Total Contribution Refunds (from Line 28(d))	00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1600.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	

201610170300107608

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Arkansas Aged State Association

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Payton Auction Service

Mailing Address

P.O. Box 181

City

Wilburn

State

AR

Zip Code

72179

FEC ID number of contributing
federal political committee.

C 00574459

Name of Employer (for Individual)

Occupation (for Individual)

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

07 / 15 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zuber, Pamela

Mailing Address

720 Circle Drive

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing
federal political committee.

C 00574459

Name of Employer (for Individual)

Occupation (for Individual)

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

07 / 25 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holmes, Jerry D.

Mailing Address

749 Pangburg Rd

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing
federal political committee.

C 00574459

Name of Employer (for Individual)

Occupation (for Individual)

Auction House

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

08 / 29 / 2016

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1,500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

Full Name (Last, First, Middle Initial)

A. Lee, Louis

Mailing Address

P.O. Box 527

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing
federal political committee.

C 00574459

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

08

16

2016

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

1600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

Full Name (Last, First, Middle Initial)

A. Boozman, John

Mailing Address

P.O. Box 671

City

Rogers

State

AR.

Zip Code

72757

Purpose of Disbursement

Campaign

Candidate Name

John Boozman

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: AR

District: 1

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2016

FEC Identification Number

C00574459

Amount of Each Disbursement this Period

2600.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2,600.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

No loans

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-10-17 03:00:07.912

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Arkansas Red State Association</div>			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace;">C</div>		
LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.2em; font-family: cursive;">no loans</div>			Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address			Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			Location of account: Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title					

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

no debts

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

2016-10-17 03:00:14

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Arkansas Red State Association	FEC IDENTIFICATION NUMBER ▼ C 00574459
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report > New report Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee No Expenditure			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address						Amount <input type="text"/>
City		State		Zip Code		
Purpose of Expenditure				Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address						Amount <input type="text"/>
City		State		Zip Code		
Purpose of Expenditure				Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate:				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

2016-10-17 09:10:07

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Arkansas Red State Association					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Full Name of Subordinate Committee		
If YES, name the designating committee: No expenditures			Mailing Address		
City		State	ZIP Code		

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address					Date	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
City		State	Zip Code			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
					<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address					Date	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
City		State	Zip Code			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
					<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		

Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure	<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/Type
Mailing Address					Date	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
City		State	Zip Code			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	
					<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Aggregate General Election Expenditure for this Candidate ▶				<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		

SUBTOTAL of Expenditures This Page (optional).....▶						<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
TOTAL This Period (last page this line number only).....▶						<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

N/A

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal.....

00 %

Nonfederal.....

00 %

N/A

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

N/A

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 1 OF 1
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative N/A

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

20161017 03:00:06.10

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE / OF /
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

Amount

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

Amount

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

Amount

iii) GOTV

Total Amount Transferred for GOTV

GOTV

Amount

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Amount

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

Amount

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

Amount

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

Amount

iii) GOTV

Total Amount Transferred for GOTV

GOTV

Amount

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Amount

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

Amount

TOTAL This Period (Voter ID)

Amount

TOTAL This Period (GOTV).....

Amount

TOTAL This Period (Generic Campaign Activity).....

Amount

TOTAL This Period (Total Amount of Transfers Received).....

Amount

2016-10-17 10:00:00

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

N/A

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE

2016-10-17 04:00:00Z

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Arkansas Red State Association		
NAME OF ACCOUNT N/A		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		00
(Subtract Line 10 From Line 9)		

2016-10-17 10:00:00 AM

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 1 OF 1

FOR LINE NUMBER: ☐ 1a ☐ 2
 (check only one)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Arkansas Red State Association

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

A.

Mailing Address

N/A

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Aggregate Year-to-Date

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Aggregate Year-to-Date

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Aggregate Year-to-Date

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

D.

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

MM	DD	YY
----	----	----

Amount of Each Receipt this Period

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Aggregate Year-to-Date

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

2016-10-17 08:07:24

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE / OF /
(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Arkansas Red State Association

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

A.

Mailing Address

N/A

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

E.

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Amount

Amount

2016-10-17 09:00:00


01620 01620

Federal Election Commission
999 E Street, N.W.
~~Washington~~, D.C. 20463

206 Kestorback
CENTRAL AR P8DC 722
TUE 11 OCT 2016

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/11/16 Date of Receipt 10/17/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2015)

10/17/16
DATE PREPARED

2016-10-17 09:00:00